

Committee on Dental Auxiliaries

2005 Evergreen Street, Suite 1050, Sacramento, California 95815
P 916.263.2595 F 916.263.2709 | www.comda.ca.gov



REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A0638</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer <small>Code assigned by DOJ</small>			
Job Title or Type of License, Certification or Permit: <u>DENTAL AUXILIARY</u>			
Agency Address Set Contributing Agency: <u>COMMITTEE ON DENTAL AUXILIARIES</u>		<u>05635</u> <small>Mail Code (five-digit assigned by DOJ)</small>	
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1050</u>		Contact Name (Mandatory for all school submissions) <u>(916) 263-2595</u>	
Street No. <u>Sacramento, CA 95815</u> <small>Street or PO Box</small>	City <u>Sacramento</u> State <u>CA</u> Zip Code <u>95815</u>	Contact Telephone No. <u>(916) 263-2595</u>	
Name of Applicant: (Please Print) Last First MI AKA's Last First CDL No. _____ DOB: _____ WT: _____ Misc. No. <u>BIL – APPLICANT TO PAY</u> <small>Agency Billing Number (if applicable)</small> HT: _____ HAIR color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission) POB: _____ Street or PO Box _____ SOC: _____ City, State and Zip Code _____			
Your Number: <u>RDHEF</u> <small>OCA No. (Agency Identifying No.)</small>			
If resubmission, list Original ATI No. _____		Level Of Service DOJ <input type="checkbox"/> FBI <input type="checkbox"/>	
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name _____			
Street No. _____ Street or PO Box _____		Mail Code (five digit code assigned by DOJ) _____	
City _____ State _____ Zip Code _____		Agency Telephone No. (Optional) _____	
Live Scan Transaction Completed By: _____ <small>Name of Operator</small>		Date _____	
Transmitting Agency _____		ATI No. _____ Amount Collected/Billed _____	